TRAVEL MANAGER ELECTRONIC ROUTING INFORMATION

(Please read the attached instructions prior to completing this form)

Contact Name:_____   Contact Signature:_____   Date:_____   Phone No.:_____

LAN Administrator:_____   Phone Number: _____

FIMA Organization Code: _____

Table 1
REVIEWER OR APPROVER DESIGNATIONS AND ORDER OF ROUTING

Doc. Type	Level (1-5)	Status Stamp	Reviewer or Approver Name	Social Security Number

Table 2
TRAVELERS SUBJECT TO ROUTING DESIGNATED ON TABLE 1

Traveler Name	Social Security Number	Group Access ?

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